



## ASSOCIATION OF MANUFACTURERS OF AYURVEDIC MEDICINES

Regd. Office: 22, Site-IV, Sahibabad, Ghaziabad (UP)  
Correspondence Address: H-36, Connaught Place, New Delhi – 110001  
Tel : 011-23350062, Fax 011 – 23350063, email : amam2003@sify.com

### MEMBERSHIP FORM

#### **CATEGORY OF APPLICANT** (Please ✓ the appropriate category)

Affiliated Members

Institutional Members

#### Institutional Members

Industries involved in manufacture and sale of herbal products or extracts.

*Affiliated Members*

Regional or provincial Association of Manufacturers of Ayurvedic Medicines.

Name of Association/ Firm/Institution	:	_____
Mailing Address	:	_____
Registered Address	:	_____
Phone No.	:	_____
Fax	:	_____
Email ID	:	_____
Signature & date	:	_____

Please enclose the Bank Draft in favour of "Association of Manufacturers of Ayurvedic Medicines" payable at New Delhi as per relevant category mentioned below and send the complete form to AMAM's address.

(Bank Draft No. \_\_\_\_\_ Drawn on (Bank name) \_\_\_\_\_ dated \_\_\_\_\_ for Rs. \_\_\_\_\_)

<b>For Official Use Only</b>	Approved / Rejected
Application Received on	_____
Members subscription Received	_____
Discussed in the meeting of Association.	Dated _____
Membership No. Allotted	_____
<b>Pradeep Multani</b> <b>Hon. General Secretary</b>	

#### MEMBERSHIP FEE

##### A. Institutional Members

Turn over upto Rs. 10 Crores

Rs. 2500/year

Turn over Rs. 10 Crores and above

Rs. 10000/year

##### B. Affiliated membership for Organization/Federations

Rs. 10000/year